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To: Assistant Commissioner for Patents	From: Estella Pineiro 818/493-2251
Attention: Examiner M. Bockelman Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: Response to Restriction Requirement Applic. No. 09/981,652 Filed: 10/17/2001 Docket No. SJ1-012US	Number of pages being sent: <u>4</u> (including cover page)

PLEASE DELIVER TO EXAMINER BOCKELMAN, ART UNIT 3762. THANK YOU.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Mark W. Kroll

Serial No.: 09/981,652

Examiner: M. Bockelman

Filed: 10/17/2001

Art Unit: 3762

Docket No.: SJ1-012US

For: AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendments
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

☒ Response to Restriction Requirement☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM	NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A TOTAL CLAIMS FEE	31	40	0	X \$ 18	\$ 0
B INDEPENDENT CLAIMS FEE**	4	5	0	X \$ 88	0
C MULTIPLE- DEPENDENT				X \$ 300	0
D EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$430; 3-mon: \$980; 4-mon: \$1,530; 5-mon: \$2,080					0
E ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 0**

<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of	\$0 **	A copy of this letter is enclosed.
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

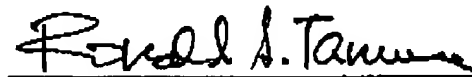
X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 2/1/05

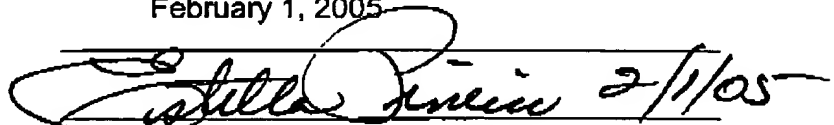


Ronald S. Tamura
Attorney for Applicants
Reg. No. 43,179

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

February 1, 2005


(Estella Pineda) Date 2/1/05

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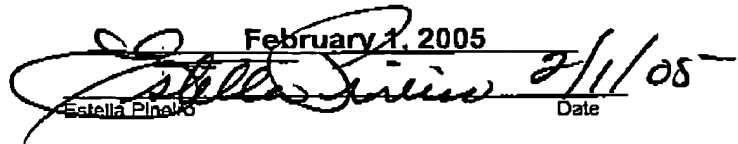
Applicant:	Mark W. Kroll	Examiner:	M. Bockelman
Serial No.:	09/981,652	Art Unit:	3762
Filed:	10/17/2001		
Docket No.:	SJ1-012US		
For:	AUTOMATIC DEFIBRILLATION SHOCK ENERGY ADJUSTER		

RESPONSE TO RESTRICTION REQUIREMENT

I hereby certify that this correspondence is facsimile transmitted
to the United States Patent and Trademark Office, on:

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

February 1, 2005


Estella Pinalto Date

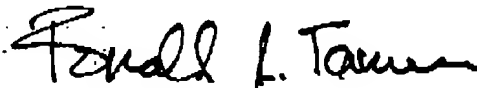
Dear Sir:

In the Restriction Requirement mailed January 26, 2005, the Examiner noted that the reply filed on November 5, 2004 is not fully responsive to the prior Office Action because applicant did not identify which claims read on the elected species. In response thereto, applicant elects Species 2 corresponding to claims 2-10, 12-16, 18-22, 24-27, 29-31, 34, 37, 40, and 43 (a method and apparatus for adjusting DFSE that is based upon at least cardiac data that includes cardiac fibrillation rate data). This election is made without traverse.

Respectfully submitted,

2/1/05

Date



Ronald S. Tamura
Registration No. 43,179
Attorney for Applicants

CUSTOMER NUMBER: 36802